

10/27/21, 5:30 AM

Division of Corporations

L15000019971
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000399065 3))



H210003990653ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : LAW OFFICES TONY POMPRINYA
Account Number : I20010000164
Phone : (305)893-8989
Fax Number : (305)891-7717

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: sameh95@hotmail.com

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 OCT 28 PM 3:48

FILED

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
COTTON WAVES SMOKE, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

OCT 29 2021
S. PRATHEP

2021 OCT 28 AM 11:59

TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

((H121000399065 3))

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COTTON WAVES SMOKE, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tony Pomprinya
Name of Person
Firm/Company
1555 NE 123 Street
Address
N Miami, FL 33151
City/State and Zip Code
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Tony Pomprinya 305 893-8989
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

((H121000399065 3))

((H21000399065 3))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COTTON WAVES SMOKE, LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

SECRETARY OF STATE TALLAHASSEE, FLORIDA

2021 OCT 28 PM 3:48

FILED

The Articles of Organization for this Limited Liability Company were filed on January 23, 2015 and assigned Florida document number 115000019971

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Sameh Zahran

New Registered Office Address: 15324 SW 21 Street

Enter Florida street address

Miramar, Florida 33027

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Handwritten signature]

If Changing Registered Agent, Signature of New Registered Agent

((H21000399065 3))

((H21000399065 3))

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Faten Saleh	16538 Mariposa Circle S	<input type="checkbox"/> Add
		Pembroke Pines FL 33331	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

((H21000399065 3))

